



# **NURSE PRACTITIONER NURSE MIDWIFE SCHOLARSHIP PROGRAM**



# **2005**

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2005

## **FOREWORD**

**This document has been prepared to familiarize scholarship applicants, Financial Aid Officers, and Deans/Directors of nurse practitioner/nurse midwife programs with the Nurse Practitioner/Nurse Midwife Scholarship Program. The legislative authority for the scholarships, in addition to the steps involved in the application process, are also addressed in this document.**

**If you have any questions related to the scholarship program you may contact:**

**Virginia Department of Health  
Office of Health Policy and Planning  
109 Governor Street  
James Madison Bldg., Suite 1016  
Post Office Box 2448 (23218)  
Richmond, Virginia 23219  
(804) 864-7433**

## **LEGISLATIVE AUTHORITY**

**Title 32.1, Chapter 6, §32.1 - 122.6-02 of the *Code of Virginia* authorizes annual scholarships for students enrolled in accredited nurse practitioner/nurse midwife programs.**

**Under the law, all scholarship awards are made by a Nursing Scholarship Advisory Committee appointed by the State Board of Health. The Nursing Scholarship Committee consists of five members or their designees: three faculty of nurse practitioner/nurse midwife programs, one nurse practitioner currently engaged in practice, and one former scholarship recipient. Committee appointments are for two years, and members may not serve more than two successive terms.**

**The Nurse Practitioner/Nurse Midwife Scholarship awards are competitive; there are usually more applicants for scholarship awards than there are funds available. Considerations for award selections include: 1) scholastic achievement; 2) character; and 3) stated commitment to post-graduate employment in a medically underserved area of Virginia, in an employment setting that provides services to persons who are unable to pay for the service and participates in all government sponsored insurance programs designed to assure access to medical care services for covered persons.**

**Preference for the scholarship award shall be given to:**

- 1. Residents of the Commonwealth;**
- 2. Minority students;**
- 3. Students enrolled in family practice, obstetrics and gynecology, pediatric, adult health and geriatric nurse practitioner programs; and**
- 4. Residents of medically underserved areas of Virginia, as determined by the Board of Health, in accordance with the provisions of its regulations for that purpose.**

**The Office of Health Policy and Planning serves as staff to the Nurse Practitioner/Nurse Midwife Scholarship Committee and plays no role in the determination of scholarship recipients.**

## **ELIGIBILITY**

To be considered for a Nurse Practitioner/Nurse Midwife Scholarship, an applicant must meet the following criteria:

1. Residency in the State of Virginia for at least one year.
2. Acceptance or enrollment as a full-time student in a nurse practitioner/nurse midwifery program in the State of Virginia or a nurse midwifery program in a nearby state.
3. Demonstration of a cumulative grade point average of at least 3.0 in graduate and/or undergraduate courses.
4. Have submitted a completed application form, and official grade transcript of graduate and/or undergraduate courses, and a statement of intent to practice as a nurse practitioner/nurse midwife in an underserved area of Virginia following graduation.
5. Submission of two reference letters.
6. Submission of all materials to the Office of Health Policy and Planning prior to the established deadline.

**FAILURE TO COMPLY WITH ANY OF THE ABOVE WILL CAUSE THE APPLICANT TO BE INELIGIBLE FOR A NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP. APPLICANTS WILL BE GRADED AND RANKED BY THE SCHOLARSHIP COMMITTEE, AND THE MOST QUALIFIED CANDIDATES WILL BE AWARDED THE SCHOLARSHIPS.**

## **CONDITIONS OF SCHOLARSHIPS**

It is important that all applicants fully understand the conditions of accepting a Nurse Practitioner/Nurse Midwife Scholarship. These awards are not gifts. Student recipients must agree to engage in full-time practice in a designated medically underserved area for a period of years equal to the number of annual scholarships received. The scholarship recipient may pre-select a medically underserved area where service employment will take place at any time prior to entering practice. This selection may be altered 90 days prior to beginning practice, at which time the recipient must choose from the current list of medically underserved areas and must receive approval from the State Health Commissioner or his designee of the practice location. The practice facility must provide services to persons who are unable to pay for the service and must participate in all government sponsored insurance programs designed to assure access to medical care service for covered persons.

Therefore, if a student received a one-year scholarship award he must repay that amount by working continuously for one (1) year. Full-time employment must begin within two (2) years of the recipient's graduation date from the program. Voluntary military service, even if stationed in Virginia, cannot be used to repay scholarship awards.

If, for any reason, a scholarship recipient fails to complete his studies or to engage in full-time nurse practitioner/nurse midwife practice in Virginia in an approved area and employment setting, the full amount of money represented in the scholarship(s) received, plus an annual interest charge, as established by the Commonwealth of Virginia, must be repaid immediately.

The recipient must take the first scheduled licensing examination following graduation. If he does not pass, he may retake the next scheduled examination. If he does not pass the second examination, he must repay all scholarship money received, plus an annual interest charge, as stated above.

If a recipient leaves Virginia or ceases to engage in full-time practice as a nurse practitioner/nurse midwife before all employment conditions of the scholarship award are fulfilled, the recipient must repay the balance on his account, plus a penalty and an annual interest charge, as established by the Commonwealth of Virginia.

Before any scholarship is awarded, the applicant must sign a written contract agreeing to these terms as established by law and the Board of Health.

## **NUMBER OF APPLICATIONS PER STUDENT**

Scholarships are awarded for single academic years. However, a recipient may, after demonstrating satisfactory progress in his studies, apply for and receive a scholarship award for a succeeding academic year. No student may receive a scholarship for more than a total of two years.

## **SCHOLARSHIP AMOUNT**

The amount of each scholarship award is dependent upon the amount of funds appropriated by the Virginia General Assembly.

## HOW TO APPLY

Applications and guidelines are available from the Dean/Director of your school.

If a student is entering a midwifery program not available in Virginia, applications may be obtained directly from:

Virginia Department of Health

Office of Health Policy and Planning  
109 Governor Street, James Madison Building  
Suite 1016  
Post Office Box 2448 (23218)  
Richmond, Virginia 23219

## DEADLINE DATE

Applications must be postmarked no later than June 30 for the academic year beginning in the Fall, usually August or September of that calendar year. Applications and/or transcripts postmarked after the above date will not be considered for scholarship awards.

## FLOW CHART OF RESPONSIBILITIES

<div style="display: flex; justify-content: space-between;"> <span><b>D-DEAN/DIRECTOR/CHAIR</b></span> <span><b>S/R - STUDENT/RECIPIENT</b></span> </div>		
<b>RESPONSIBILITY</b>		
Maintain supply of current scholarship applications and guidelines and distribute to students. Notify the Office of Health Policy and Planning when additional applications are needed.	<b>D</b>	
Make certain all parts of the application are completed and submitted to the Office of Health Policy and Planning prior to the deadline date.		<b>S/R</b>
Make certain that a current official transcript of grades (college, if now attending) is sent to the Office of Health Policy and Planning prior to deadline date.		<b>S/R</b>
Review the entire application before affixing signature, thereby indicating: A. The applicant has properly completed the application form. B. The applicant's entrance and graduation dates are correct. C. The Nurse Practitioner/Nurse Midwife program is recommending the applicant for a scholarship based upon ability and academic potential.	<b>D</b>	
Submit an official transcript of grades to the Office of Health Policy and Planning at the end of each grading period during the scholarship year.	<b>D</b>	
Notify the Office of Health Policy and Planning when recipient's graduation date changes.	<b>D</b>	<b>S/R</b>
Notify the Office of Health Policy and Planning when there is a change in a recipient's name and/or address.		<b>S/R</b>
Notify the Office of Health Policy and Planning when recipient fails, transfers or withdraws from the school.	<b>D</b>	<b>S/R</b>
Notify the Office of Health Policy and Planning of plans for employment upon graduation.		<b>S/R</b>
Notify the Office of Health Policy and Planning if recipient does not pass state licensing examination for nurse practitioner/nurse midwife.		<b>S/R</b>
Submit verification of employment to the Office of Health Policy and Planning at least every 6 months until work obligation is fulfilled.		<b>S/R</b>



## **NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP APPLICATION INFORMATION**

Attached is your application for a Nurse Practitioner/Nurse Midwife Scholarship. It is important that all applicants read and understand the following information prior to applying for a scholarship award. Failure to comply with any of these application requirements will result in the applicant being considered ineligible for a scholarship.

### **APPLICATION REQUIREMENTS**

1. All items on the application form must be answered.
2. A current official transcript of grades (nursing school, college) must be submitted from all graduate and undergraduate schools attended. The transcript must contain sufficient information to identify it as a component of a scholarship application.
3. Applicants must demonstrate a cumulative grade point average of at least 3.0 in undergraduate and graduate programs.
4. Applications must be signed by the Dean/Director/Chair of the Nurse Practitioner/Nurse Midwifery Program.
5. Applications and transcripts must be postmarked by *June 30th for the academic year beginning in the Fall of that calendar year, e.g., June 30, 2005 for academic/year 2005-2006.*
6. Two references are required from persons that have known you in a professional or educational setting. The references submitted will be utilized in the overall consideration of the application.
7. It is the responsibility of the applicant to see that:
  - a. The application form is completed.
  - b. A current official grade transcript has been mailed to Office of Health Policy and Planning.
  - c. All signatures are obtained on the application form.
  - d. Application and official grade transcript are mailed prior to the deadline date to:

Virginia Department of Health  
Office of Health Policy and Planning  
109 Governor Street, James Madison Building  
Suite 1016  
Post Office Box 2448 (23218)  
Richmond, Virginia 23219

# NURSE PRACTITIONER NURSE MIDWIFE SCHOLARSHIP PROGRAM

## APPLICATION FORM

Section 1 - PERSONAL DATA			
Name: _____			DATE OF APPLICATION: _____
Last	First	MI	
Address: _____			
Number	Street		
City	State	Zip	
Email address (if available): _____			
Day Phone #: ( ) _____ Evening Phone # ( ) _____			
Social Security #: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth: _____ Place of Birth: _____			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
How long have you been a resident of Virginia? _____			
Have you ever received a Nurse Practitioner/Nurse Midwife Scholarship?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, in what year(s)? _____			
By what name, if different from current name? _____			
Contact Person (Other than applicant)			
Name: _____			
Address: _____			
Phone: ( ) _____			
Relationship to person: _____			

## Section 2 - NURSING EDUCATION

Application for academic year of 2005 to 2006

School of Nursing: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Have you transferred to this school from another nursing program? ☐ Yes ☐ No

Name of previous school: \_\_\_\_\_

Date of enrollment in present Nurse Practitioner/Nurse Midwife Program:

Month \_\_\_\_\_ Year \_\_\_\_\_

Expected Date of Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

### Nurse Practitioner/Nurse Midwife Program Level

*Please check program type, current level, and level in September.*

<u>Program</u>	<u>Current Level</u>	<u>Level in September</u>
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> 1st Year	_____
<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> 2nd Year	_____

## Section 3 - PRIOR EDUCATION

*An official transcript of grades from both graduate and/or undergraduate programs is required.*

School of Nursing University/College	Dates of City & State	Reason for Attendance	Leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## Section 4 - WORK EXPERIENCE

*Check here if never employed* \_\_\_\_\_

Type of Position	Name of Employer	Dates of City & State	Reason for Employment	Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

### Section 5 - COMMITMENT OF SERVICE

- A. Are you currently residing in an area designated as a medically underserved area? ☐ Yes ☐ No (See attached list and map)

If yes, indicate area: \_\_\_\_\_

- B. Do you plan to seek employment in an area officially designated as a medically underserved area and in an employment setting that provides services to persons who are unable to pay for the service and participates in all government sponsored insurance programs designed to assure access to medical care services for covered persons? ☐ Yes ☐ No

### Section 6 - OTHER SCHOLARSHIPS/GRANTS

Are you the recipient of other scholarships/grants for the upcoming school year?

☐ Yes ☐ No

Please indicate: \_\_\_\_\_

### Section 7 - NARRATIVE SUMMARY

Explain briefly the significance of the Nurse Practitioner/Nurse Midwife Scholarship in pursuing your educational goals. Also, include your plans for professional practice following graduation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Section 8 - SCHOOL OF NURSING RECOMMENDATION	
<b>Must be filled in completely and signed by Dean or Director/Chair of Nurse Practitioner/Nurse Midwife Program. Cumulative grade point average must be filled in and source of computation cited.</b>	
1. Name of Applicant: _____	
2. This applicant is:    ___ attending                  ___ approved for admission	
3, Date of entrance:    Month___ Year ____	
4. During this award period, the applicant will be a:	
___ Full-time student      ___ Part-time student	
5. Cumulative Grade Point Average: _____	
Source of computation: ___ college transcript    ___ undergraduate ___ graduate                         ___ other (specify)_____	
<b>I recommend this student for the Nurse Practitioner/Nurse Midwife Scholarship. (Please specify any extenuating circumstances which may have influenced your recommendation.)</b>	
Name of Authorized Person Completing This Section	Title
_____ Signature	_____ Date
Full Name of School of Nursing: _____	
Phone Number: _____	

## **NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP PROGRAM**

### **APPLICATION CHECK LIST**

**This checklist has been provided to facilitate the application process. Please send us all the documents listed below to ensure that your application is complete.**

- ☐ **A COMPLETED NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP APPLICATION FOR 2005. (Old applications will not be accepted.)**
- ☐ **A CURRENT OFFICIAL (SEALED) TRANSCRIPT OF GRADES FROM ALL GRADUATE AND/OR UNDERGRADUATE COURSES.**
- ☐ **A STATEMENT OF INTENT TO PRACTICE AS A NURSE PRACTITIONER/NURSE MIDWIFE IN AN UNDERSERVED AREA OF VIRGINIA FOLLOWING GRADUATION.**
- ☐ **TWO LETTERS OF REFERENCE.**
- ☐ **A RECOMMENDATION FOR THIS SCHOLARSHIP BY AN AUTHORIZED SCHOOL OFFICIAL.**

**Please make sure that:**

- ☐ **ALL ITEMS ON THE APPLICATION ARE ADDRESSED.**
- ☐ **ALL AUTHORIZED SCHOOL OFFICIALS SIGN AND DATE THE APPLICATION IN THE DESIGNATED PLACES.**

**2005**